Case Number:	CM13-0045739		
Date Assigned:	12/27/2013	**Date of Injury:**	02/20/2005
Decision Date:	03/11/2014	**UR Denial Date:**	11/01/2013
Priority:	Standard	**Application Received:**	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old male who reported an injury on 02/20/2004 through 02/20/2005. The mechanism of injury was not submitted. The patient was diagnosed with a ligamentous sprain of the lumbar spine, right L5 radiculopathy and a history of abnormal liver function tests. The patient continued to complain of constant, severe lumbar spine pain with radiating tingling into the bilateral legs. The patient reported that the pain was worse with walking for a long period of time, lifting and bending. The patient had bilateral multilevel lumbar epidural disc injections on 05/28/2013. The patient also had a right L4-5 and L5-S1 selective nerve root transforaminal injection procedure. The patient had continued decreased range of motion and tenderness. Treatment recommendations were an MRI of the lumbar spine, a refill of medications and a refill of topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compound medication (topical analgesic containing Flurbiprofen, lidocaine, menthol and compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: The California MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also state that topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulation of lidocaine, whether creams, lotions or gels, is indicated for neuropathic pain. The patient continues to complain of low back pain. However, compound topical analgesics are not recommended by the guidelines. Given the lack of documentation to support the guideline criteria, the request is non-certified.